

Looking for an extra-fun way to spend your school vacation?



COME JOIN US

April School Vacation Program

When: Tuesday April 19 – Friday April 22, 2016

Grades K-5

Time: 8:30am to 3:30pm

Location: Wellington Elementary School

Cost: \$180.00 four days

Join the staff of the Belmont Recreation Department. We'll keep you busy with crafts, music and games; spend time in the gym, there will be a field trip or two. Wear comfortable clothing and sneakers.

Space is limited

Bring a lunch and a healthy morning snack.

Name: _____ **Age** _____

Address _____

Primary Number _____ **Alt Phone Number** _____

Email: _____

Medical issues/Allergies: _____

Belmont Recreation Waiver of Liability

Each parent/guardian of a participant must agree, either by signature or electronically upon registration, to waive the Town of Belmont from liability by accepting these terms:

I, the undersigned, parent/guardian of _____, a minor, or myself as a participant, do hereby consent to my/ his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

Name of participant

Date

Signature of participant (or legal guardian if under 18 years of age)

Date